



PEEL CONSENT FORM

I have disclosed all conditions that could contraindicate (disallow) this treatment, such as active cold sores, pregnancy, use of hormones, recent facial surgery or laser resurfacing, recent use of topical tretinoin (i.e. Retin-A) or use of oral isotretinoin medication within the last twelve months.

I understand that there are no guaranteed results from this treatment. I also understand that there are many variables that can have an effect on the desired results, such as age, sun damage, ongoing unprotected sun exposure, smoking, excessive alcohol intake, extreme climate exposure, inadequate diet and water intake, and skin thickness and sensitivity. I understand that I may or may not peel, and that results vary with each individual.

Regardless of precautions taken, I acknowledge the possibility of an adverse reaction to the peel and accept sole responsibility for any medical care that may become necessary. I will immediately contact the provider performing the treatment of any adverse reactions.

I understand that direct sun exposure and use of a tanning bed is prohibited during the treatment time. It is mandatory to use a broad spectrum with minimum SPF 30 sunscreen daily.

I understand that to achieve maximum results, the recommended home care routine must be followed. I understand that if I alter the routine or use products not recommended by my skin care professional, the results could be altered or inhibited. I also understand that it may take several treatments to obtain the desired results. I agree that I will not scratch, pick, pull at or abrade the treated skin.

I understand that the following side effects or complications can occur:

- Discomfort
- Redness and swelling
- Hypopigmentation
- Itching or irritation
- Skin peeling or flaking up to 14 days after procedure
- Infection
- Scarring
- Hyperpigmentation
- Acne breakouts
- Cold sore breakouts

I understand the goal of this treatment, as well as its limitations and possible complications. I have been provided with the proper information and have had all my questions answered concerning this procedure. I clearly understand the above information.

PATIENT PRINTED NAME PATIENT (OR GUARDIAN) SIGNATURE DATE

PROVIDER NAME PROVIDER SIGNATURE DATE